

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

08954254

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1												
2		1		1											
3	1		1												
4		3		3											
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48															
49															
50															
TOTAL IND.	4		2												
TOTAL DEP.		138		97											
TOTAL CLAIMS		138		97											
51															
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TOTAL IND.	2														
TOTAL DEP.		112													
TOTAL CLAIMS		112													